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	N087054	A. BUILDING: _____ B. WING _____	04/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EAST WICHITA	9191 E 21ST ST N WICHITA, KS 67206

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S 000	INITIAL COMMENTS Surveyor: 08970 The following citations are the result of a Licensure resurvey at the above named Residential Health Care Facility in Wichita, Kansas on 4/26/16, 4/27/16, and 4/28/16. Complaint #99223 also investigated.	S 000		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: Surveyor: 08970 KAR 26-41-204(d) The facility census equalled 34 the sample included three Residents. Based on interviews, observations, and reviews of records, for two of three sampled (#189 and #187), the Operator failed to ensure the negotiated service agreement (NSA) contained a description of the health care services to be provided. Findings included: - Review of record revealed #189 admitted to facility 4/15/16 with diagnoses of Diabetes, Depression, Behaviors, Major neuron-cognitive disorder with behavioral disturbances, Bipolar disorder, Hepatitis C, and Cirrhosis of liver. The 4/14/16 FCS (functional capacity screen) assessed #189 in need of medication and	S3165		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3165	Continued From page 1 treatment management. The 4/14/16 NSA (negotiated service agreement) documented #189 to receive medication and treatment management by facility and Home Health to provide insulin injections. The NSA documented "Large" for meal portion but lacked the physician ordered diet of 60 gram carbohydrate Diabetic diet. (This diet ordered at time of discharge from hospital/admit to facility on 4/15/16). By review of April 2016 MAR, indicated facility staff administered insulin. On 4/27/16 at 1:27pm, Health and Wellness Director #C confirmed the NSA lacked a correct description of the health care services to be provided in regard to insulin administration and therapeutic diet ordered. The Operator failed to ensure the NSA for #189 contained a description of the health care services to be provided. - Review of record revealed #187 admitted to facility 12/29/15 with diagnoses of Dementia, Hypothyroidism, Asthma, Alzheimer's, Chronic kidney disease, Glaucoma, and Dysphagia. The current FCS of 02/16/16 assessed #187 unable to perform bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with incontinence, cognitive impairment, impaired communication, and falls and unsteadiness. The current NSA of 02/17/16 documented staff to manage medications and treatments, and to provide meals with therapeutic diet. The NSA	S3165		

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S3165	Continued From page 2 lacked the physician ordered Pureed diet. By observation on 4/27/16 at 12:15pm, #187 served a pureed diet, and assisted with eating by staff. On 4/27/16 at 5:15pm Health and Wellness Director #C and Resident Care Coordinator #E confirmed the NSA not accurate for the health services provided. The Operator failed to ensure the NSA for #187 contained a description of the health care services to be provided.	S3165		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced	S3200		

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S3200	Continued From page 3 by: Surveyor: 08970 KAR 26-41-205(d) The census equalled 34 the sample included three Residents. The facility identified all Residents as receiving medication and treatment management. Based on interview and record review for three of three sampled (#189, #187, and #185), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #189 admitted to facility 4/15/16 with diagnoses of Diabetes, Depression, Behaviors, Major neuron-cognitive disorder with behavioral disturbances, Bipolar disorder, Hepatitis C, and Cirrhosis of liver. The 4/14/16 FCS (functional capacity screen) assessed #189 in need of medication and treatment management. The 4/14/16 NSA (negotiated service agreement) documented #189 to receive medication and treatment management. Initial review of the medical record 4/26/16 revealed no signed medical care provider orders in chart to support the medications of MAR (medication administration record) currently administered. On 4/27/16 Health and Wellness Director (HWD) #C provided orders signed by physician at time of hospital discharge/facility admission 4/15/16. Comparison of most recent signed physician	S3200		

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S3200	Continued From page 4 orders with April 2016 MAR revealed: 4/15/16 - discharge order for Miralax 17 grams oral every day, not included on the Resident's MAR for administration, and not clarified for discontinuing 4/17/16 - phone order - Ibuprofen 200mg (milligrams) po (by mouth) every six hours PRN (as needed) fever; transcribed onto MAR as "PRN pain/fever." On 4/27/16 at 1:45pm, HWD #C confirmed the Miralax order not included on MAR, not discontinued, and not addressed... confirmed the Ibuprofen order transcribed incorrectly onto MAR from original order... confirmed not completed according to standards of practice. The Operator failed to ensure all medications and biologicals administered to #189 in accordance with a medical care provider's written orders and in accordance with professional standards of practice. - Review of record revealed #187 admitted to facility 12/29/15 with diagnoses of Dementia, Hypothyroidism, Asthma, Alzheimer's, Chronic kidney disease, Glaucoma, and Dysphagia. The current FCS of 02/16/16 assessed #187 unable to perform medication and treatment management. The current NSA of 02/17/16 documented staff to manage medications and treatments. Comparison of most recent signed physician orders with April 2016 MAR (medication administration record) revealed:	S3200		

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S3200	Continued From page 5 12/29/15 rehab facility discharge orders signed by physician included: Pro Stat supplement 30ml (milliliters) twice daily Prevalon Boots to bilateral feet while in bed for offloading Calazime to buttocks every shift Moisturizer to upper and lower extremities BID (twice daily). Skin prep to bilateral heels and apply padded dressing change daily and PRN (under ACE wraps) in the morning for wounds. These orders not transcribed onto the MAR. No evidence of clarification to discontinue the orders located. On 4/27/16 at 1:14pm, Health and Wellness Director #C confirmed these orders not transcribed in accordance with acceptable standards of practice. The Operator failed to ensure all medications and biologicals administered to #187 in accordance with a medical care provider's written orders and in accordance with professional standards of practice. - Review of record revealed #185 admitted to facility 9/27/13 with diagnoses of Dementia, Left hip fracture, Diabetes, Depression, Anxiety, Hypertension, and Chronic kidney disease. The current FCS of 11/14/15 assessed #185 in need of medication and treatment management. The 11/14/15 NSA documented #185 to receive medication and treatment management. Comparison of most recent signed physician	S3200		

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S3200	Continued From page 6	S3200		

orders with April 2016 MAR (medication administration record) revealed:

02/23/16 - hospital discharge order for Insulin Novolog Flex Pen 6 units three times daily, not added to the facility February MAR

By observation on 4/27/16 at 11:00am, three Novolog Flex pens in the facility medication storage room refrigerator, delivered to facility 02/23/16.

By interview on 4/27/16 at 11:00am, Licensed Nurse #N stated not sure why pens ordered and in refrigerator, not administered and not returned.

By review of MAR's for February and March, no insulin administered to #185.

By interview on 4/27/16 at 5:15pm, Resident Care Coordinator #E stated I initially faxed the orders from the hospital return to the pharmacy... the evening nurse on duty must have realized #185 had not been on insulin prior to hospital and did not place the insulin on the MAR or give it the night of 02/23/16 or morning of 02/24/16... then on 02/24/16 the APRN (advanced practice registered nurse) made a visit to facility and discontinued the insulin due to lab (Hemoglobin A1C) being very good... that's why not used... have been trying to return to pharmacy since then. Resident Care Coordinator #E and Health and Wellness Director #C each acknowledged no clarification of orders or documentation in progress notes on 02/23/16 to explain why insulin not initiated as ordered or discontinued on 02/23/16.

The Operator failed to ensure all medications and biologicals administered to #185 in accordance

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S3200	Continued From page 7 with a medical care provider's written orders and in accordance with professional standards of practice.	S3200		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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S3215	Continued From page 8 This REQUIREMENT is not met as evidenced by: Surveyor: 08970 KAR 26-41-205(h) The census equalled 34 the sample included three Residents. The roster identified two Residents who used insulin and one included in the sample. Based on observation, interview, and review of record, for one of one sampled (#189) who used insulin, the licensed nurses and medication aides failed to ensure insulin pens stored in accordance with manufacturer's recommendations. Findings included: - By observation on 4/26/16 at 10:30am in the medication storage room of facility, licensed nurses and medication aides stored insulin pens in the refrigerator of the medication room. The refrigerator contained multiple prescription boxes with unopened insulin pens inside. The refrigerator also contained a plastic bag with three open and in use insulin pens inside. The insulin pens in use each contained a prescription label with the Resident's name, the ordering medical care provider, the delivery date, and administration directions. Two of the three pens included the date the pen first used/opened, the third pen did not include a date put into use/opened, although staff identified all pens as being in use. On 4/26/16 at 10:30am, Resident Care Coordinator (RCC)/Licensed Nurse #E, Licensed Nurse #J, and Certified Medication Aide #I all acknowledged the pens in use and stored in the	S3215		

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S3215	Continued From page 9 refrigerator, in spite of stickers on the pen "refrigerate until open." In addition review of manufacturer directions on insulin pen boxes in the refrigerator revealed specific directions to store at room temperature once opened/in use. Review of in use pens in refrigerator revealed plastic baggie with three pens for #189 - Two Novolog pens and one Levemir pen. (Refrigerator also contained three boxes of unopened Lantus pens on shelf). On 4/27/16 at 11:00am, Licensed Nurse #N confirmed the pens all in use/open inside the baggie... stated we have had conflicting information about refrigerating them or not after in use... acknowledged the manufacturer directions on the unopened boxes indicated room temperature storage. Review of facility policy and procedure "Use an Insulin Pen - 36" revealed: 1. Pens must be stored and refrigerated in their original box until time of use... 2. Pens in use will be dated upon opening and stored at room temperature (59F to 86F) in the medication cart until the time specified by the manufacturer. The licensed nurses and medication aides failed to ensure insulin pens for #189 stored in accordance with manufacturer's recommendations.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records	S3248		

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S3248	Continued From page 10 (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: Surveyor: 08970 KAR 26-41-102(d)(2) The census equaled 34 the sample included 3 residents. The facility identified 71 employees hired since the last visit, with five of these reviewed. Based on interviews and reviews of records, for 5 of 5 Certified staff reviewed, (#A, #B, #C,#D, and #E), the Operator failed to ensure the employee record contained supporting	S3248		

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S3248	Continued From page 11	S3248		

documentation for criminal background checks, as required by the Department.

Findings included:

- Review of personnel records on 4/26/16 at 1:30pm with Business Office Manager #G revealed:

#A - Certified Medication Aide (CMA) - hired 3/14/16 - no supporting documentation of criminal background check

#B - CMA - hired 02/22/16 - no supporting documentation of criminal background check

#C - CMA - hired 01/27/16 - no supporting documentation of criminal background check

#D - Certified Nurse Aide (CNA) - hired 4/08/16 - no supporting documentation of criminal background check

#E - CNA - hired 3/16/16 - no supporting documentation of criminal background check

By interview on 4/26/16 at 1:30pm, Business Office Manager #G provided documentation from employee files that lacked the Department required criminal background checks... #G and Surveyor reviewed an online listing of employees which lacked evidence Department required criminal background checks requested by facility for these employees since recorded times of hire listed above.

The Operator failed to ensure the employee records for #A, #B, #C, #D, and #E contained supporting documentation for criminal background checks, as required by the

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S3248	Continued From page 12 Department.	S3248		